

# Hazardous Materials Business Plan

## Environmental, Health, and Safety Regulations:

Fremont Municipal Code and California Fire Code require all businesses to maintain safe conditions in the workplace; facilities that use, handle, or store hazardous materials for uses other than routine facility maintenance must also comply with all applicable State and Federal requirements. In general, hazardous materials reporting is required when any of these thresholds is reached:

**55 Gallons of Liquids**  
**200 Cubic Feet of Gases**  
**500 Pounds of Solids**

## Reporting Requirements:

Businesses are required to submit and maintain a *Hazardous Materials Business Plan* (HMBP) when the amount of all materials on site reaches any of the thresholds. These minimum reporting requirements are intended to prevent accidents, injuries, and accidental releases and to assist emergency responders in the event of an accident or fire. The forms in this package include:

- **Business Activities Form:** A one-page form with instructions based on the State Office of Emergency Services (OES) format.
- **Business Owner/Operator Identification:** The one-page State OES Form 2730 and instructions.
- **Property Owner Identification Form:** A one-page form to be completed if the property is owned by someone other than the business owner.
- **Hazardous Materials Inventory/Chemical Description:** Separate spreadsheets are provided for *Hazardous Materials* and *Hazardous Waste*. State OES Form 2731 is also acceptable and available from this Department, though it is not included in this package. Facilities using Form 2731 must also submit a separate list of all materials including Hazard Class, Common Name, chemical Name, Maximum Amount, Hazard Code per NFPA Standard 704(m), and location. This is considered “locally collected information,” and is for the protection of emergency responders.
- **Facility Site Map and Storage Plan:** Minimum information requirements and a sample map are included.
- **Employee Training and Facility Recordkeeping**
- **Emergency Response Plan/Contingency Plan:** Sample forms are provided including a list of emergency equipment and supplies.

Information is also included to assist in:

- **Placarding and Labeling**
- **Material Safety Data Sheets**
- **Facility Closure Plan**

### Businesses are required to amend the Hazardous Materials Plan when:

- There is an increase of 100% or more of any reported material.
- Any previously unreported material is brought onto the site.
- There is any change in business address, ownership, or name.

**Submit one original, signed copy to the Fire Department; keep one copy readily accessible at the facility. The plan must be recertified by the facility and accepted by the Fire Department by March 1<sup>st</sup> of each year. A hazardous materials plan or the required permit is not valid until the plan has been reviewed and marked “accepted” by a representative of the Fremont Fire Department.**



**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page \_\_\_\_ of \_\_\_\_

**I. IDENTIFICATION**

FACILITY ID #	0	1		0	0	9							1	BEGINNING DATE	100	ENDING DATE	101		
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)															3	BUSINESS PHONE			102
BUSINESS SITE ADDRESS																		103	
CITY														104	CA	ZIP CODE		105	
DUN & BRADSTREET														106	SIC CODE (4 digit #)			107	
COUNTY																		108	
BUSINESS OPEATOR NAME															109	BUSINESS OPERATOR PHONE			110

**II. BUSINESS OWNER**

OWNER NAME															111	OWNER PHONE			112	
OWNER MAILING ADDRESS																		113		
CITY														114	STATE		115	ZIP CODE		116

**III. ENVIRONMENTAL CONTACT**

CONTACT															117	CONTACT PHONE			118	
CONTACT MAILING ADDRESS																		119		
CITY														120	STATE		121	ZIP CODE		122

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	123	NAME	128
TITLE	124	TITLE	129
BUSINESS PHONE	125	BUSINESS PHONE	130
CELL PHONE	126	CELL PHONE	131
HOME PHONE	127	HOME PHONE	132

ADDITIONAL LOCALLY COLLECTED INFORMATION:

133

- ☐ Check here if this form is the annual submittal pursuant to Federal EPRCA requirements.
- ☐ Check here if this form is accompanied by new or modified Hazardous Materials Inventory-Chemical Description(s).
- ☐ Check here if this form is accompanied by a new or modified Business Activity form.

**Certification:** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	136	DATE	134	NAME OF DOCUMENT PREPARER	135
NAME OF SIGNER (Print)	136	TITLE OF SIGNER			
		137			

OES FORM 2730 (1/99)

## Business Owner/Operator Identification

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials – Chemical Description pages (OES Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. (**Note:** The numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME – Enter the full legal name of the business.
100. BEGINNING DATE – Enter the beginning year and date of the report (YYYYMMDD).
101. ENDING DATE – Enter the ending year and date of the report (YYYYMMDD).
102. BUSINESS PHONE – Enter the phone number, area code first, and any extension.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located. No post office box numbers are allowed. This information must provide a means to geographically locate the facility.
104. CITY – Enter the city or unincorporated area in which business site is located.
105. ZIP CODE – Enter the zip code of business site. The extra 4 digit zip may also be added.
106. DUN & BRANDSTREET – Enter the Dun & Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (610) 882-7748 or by Internet.
107. SIC CODE – Enter the primary Standard Industrial Classification Code number for primary business activity. **NOTE:** If code is more than 4 digits, report only the first four.
108. COUNTY – Enter the county in which the business is located.
109. BUSINESS OPERATOR NAME – Enter the name of the business operator.
110. BUSINESS OPERATOR PHONE – Enter business operator phone number, if different from business phone, area code first, and any extension.
111. OWNER NAME – Enter name of business owner, if different from business operator.
112. OWNER PHONE – Enter the business owner's phone number if different from business phone, area code first, and any extension.
113. OWNER MAILING ADDRESS – Enter the owner's mailing address if different from business site address.
114. OWNER CITY – Enter the name of the city for the owner's mailing address.
115. OWNER STATE – Enter the 2 character state abbreviation for the owner's mailing address.
116. OWNER ZIP CODE – Enter the zip code for the owner's address. The extra 4 digit zip may also be added.
117. ENVIRONMENTAL CONTACT NAME – Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
118. CONTACT PHONE – Enter the phone number, if different from Owner or Operator, at which the environmental contact can be contacted, area code first, and any extension.
119. CONTACT MAILING ADDRESS – Enter the mailing address where all environmental contact correspondence should be sent, if different from the site address.
120. CITY – Enter the name of the city for the environmental contact's mailing address.
121. STATE – Enter the 2 character state abbreviation for the environmental contact's mailing address.
122. ZIP CODE – Enter the zip code for the environmental contact's mailing address. The extra 4 digit zip may also be added.
123. PRIMARY EMERGENCY CONTACT NAME – Enter the name of a representative that can be contacted in case of emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
124. TITLE – Enter the title of the primary emergency contact.
125. BUSINESS PHONE – Enter the business phone number for the primary emergency contact, area code first, and any extensions.
126. CELL PHONE – Enter a cell phone number for the primary emergency contact.
127. HOME PHONE – Enter the home phone number for the primary emergency contact.
128. SECONDARY EMERGENCY CONTACT NAME – Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
129. TITLE – Enter the title of the secondary emergency contact.
130. BUSINESS PHONE – Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
131. CELL PHONE – Enter a cell phone number for the primary emergency contact.
132. HOME PHONE – Enter the home phone number for the primary emergency contact.
133. ADDITIONAL LOCALLY COLLECTED INFORMATION – This space may be used for CUPAs or AAs to collect any additional information necessary to meet the requirements of their individual programs. Contact your local agency for guidance.
134. DATE – Enter the date that the document was signed (YYYYMMDD).
135. NAME OF DOCUMENT PREPARER – Enter the full name of the person who prepared the inventory submittal information.
136. SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE – The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies that the signer is familiar with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information it is the signer's belief that the submitted information is true, accurate and complete.  
NAME OF SIGNER – Enter the full printed name of the person signing the page. The signer certifies to a familiarity with the information submitted and that based on the signer's inquiry of those individuals responsible for obtaining the information, all the information submitted is true, accurate and complete.
137. TITLE OF SIGNER – Enter the title of the person signing the page.

OES FORM 2730 (1/99)



# UNIFIED PROGRAM CONSOLIDATED FORM

## FACILITY INFORMATION

### BUSINESS ACTIVITIES

Page \_\_\_\_ of \_\_\_\_

#### I. FACILITY IDENTIFICATION

FACILITY ID #	1	0	1	0	0	9												EPA ID # (Hazardous Waste Only)	2
---------------	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	---------------------------------	---

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	3
--	---

#### II. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list,  
Please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...		If Yes, please complete these pages of the UPCF...
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input type="checkbox"/> NO	4    HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input type="checkbox"/> NO	5    UST FACILITY (formerly SWRCB Form A) UST TANK (one form per tank) (formerly Form B)
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	6    UST FACILITY UST TANK (one per tank) UST INSTALLATION – CERTIFICATE OF COMPLIANCE (one page per tank) (former Form C)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO	7    UST TANK (closure portion – one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input type="checkbox"/> NO	8    SPCC PLAN REQUIRED
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO	9    EPA ID NUMBER – provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recycled materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	10    RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	11    ONSITE HAZARDOUS WASTE TREATMENT – FACILITY (formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT – UNIT (one page per unit) (formerly DTSC Forms 1772 A, B, C, D and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	12    CERTIFICATION OF FINANCIAL ASSURANCE (formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	13    REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input type="checkbox"/> NO	14    HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (formerly DTSC Form 1249)
<b>E. LOCAL REQUIREMENTS</b> 1. Annual submittal pursuant to Federal EPCRA requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO	15    BUSINESS OWNER/OPERATOR (OES 2730)
2. Is the property owned by an entity other than the business owner?	<input type="checkbox"/> YES <input type="checkbox"/> NO	16    HAZARDOUS MATERIALS INVENTORY/CHEMICAL DESCRIPTION (OES 2731) PROPERTY OWNER IDENTIFICATION FORM

## Business Activities

Please submit the Business Activities page, the Business Owner/Operator Identification page (OES Form 2730), and Hazardous Materials Inventory – Chemical Description pages (OES Form 2731) for all submissions. (**Note:** The numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** – Leave this blank. This number is assigned by the Certified Unified Program Agency (CUPA) or Administering Agency (AA). This is the unique number which identifies your facility.
2. **EPA ID NUMBER** – If you generate, recycle, or treat hazardous waste, enter your facility's 12-character U.S. Environmental Protection Agency (U.S. EPA) or California Identification number. For facilities in California, the number usually starts with the letters "CA." If you do not have a number, contact the Department of Toxic Substances Control (DTSC) Telephone Information Center at (916) 324-1781, (800) 61-TOXIC or (800) 61-86942, to obtain one.
3. **BUSINESS NAME** – Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA – Doing Business As" that might have been used in the past.
4. **HAZARDOUS MATERIALS ONSITE** – Check the box to indicate whether you have a hazardous material onsite. You have a hazardous material onsite if:
  - It is handled in quantities equal to or greater than 500 pounds, 55 gallons, or 200 cubic feet of gas (calculated at standard temperature and pressure),
  - It is handled in quantities equal to or greater than the applicable federal threshold planning quantity for an extremely hazardous substance listed in 40 CFR Part 355, Appendix A,
  - Radioactive materials are handled in quantities for which an emergency plan is required to be adopted pursuant to Part 30, Part 40, or Part 70 of Chapter 10 of 10 CFR, or pursuant to any regulations adopted by the state in accordance with these regulations.

If you have a hazardous material onsite, then you must complete the Business Owner/Operator Identification page (OES Form 2730) and the Hazardous Materials Inventory – Chemical Description page (OES Form 2731), as well as an Emergency Response Plan and Training Plan. Do not answer "YES" to this question if you exceed only a local threshold, but do not exceed the state threshold.
5. **OWN OR OPERATE UNDERGROUND STORAGE TANK (UST)** – Check the appropriate box to indicate whether you own or operate USTs containing hazardous substances as defined in Health and Safety Code (HSC) Sec. 25316. If "YES," then you must complete one UST Facility page and UST Tank pages for each tank. You must also submit a plot plan and a monitoring program plan.
6. **UPGRADE/INSTALL UST** – Check the appropriate box to indicate whether you intend to install or upgrade USTs containing hazardous substances as defined in HSC Sec. 25316. If "YES," then you must complete the UST Installation – Certificate of compliance page in addition to UST Facility and Tank pages, plot plan and monitoring program plan.
7. **UST CLOSURE** – Check the appropriate box if you are closing an UST and complete the closure portion of the UST Tank pages for each tank. (CUPAs may require additional information.)
8. **OWN OR OPERATE ABOVEGROUND PETROLEUM STORAGE TANK (AST)** – Check the appropriate box to indicate whether there are ASTs onsite which exceed the regulatory thresholds. (There is no UPCF page for ASTs.) This program applies to all facilities storing petroleum in aboveground tanks. Petroleum means crude oil, or any fraction thereof, which is liquid at 60 degrees Fahrenheit temperature and 14.7 pounds per square inch absolute pressure (HSC Sec. 25270.2(g).) The facility must have a single tank greater than 660 gallons, or cumulative storage capacity greater than 1,320 gallons for all ASTs. NOT subject to the Act (exceptions):
 

An aboveground petroleum storage tank (AST) facility with one or more of the following (see HSC Sec. 25270.2(k)) is not subject to this act and is exempt:

  - A pressure vessel or boiler which is subject to Division 5 of the Labor Code,
  - A storage tank containing hazardous waste of a hazardous waste facility permit has been issued for the storage tank by DTSC,
  - An aboveground oil production tank which is regulated by the Division of Oil and Gas.
  - Certain oil-filled electrical equipment including but not limited to transformers, circuit breakers, or capacitors.
9. **HAZARDOUS WASTE GENERATOR** – Check the appropriate box to indicate whether your facility generates hazardous waste. A generator is the person or business whose acts or processes produce a hazardous waste or who causes a hazardous substance or waste to become subject to State hazardous waste law. If your facility generates hazardous waste, you must obtain and use an EPA Identification number (ID) in order to properly transport and dispose of it. Report your EPA ID number in #2. Hazardous waste means a waste that meets any of the criteria for the identification of a hazardous waste adopted by DTSC pursuant to HSC Sec. 25141. "Hazardous waste" includes, but is not limited to, federally regulated hazardous waste. Federal hazardous waste law is known as the Resource Conservation and Recovery Act (RCRA). Unless explicitly stated otherwise, the term "hazardous waste" also includes extremely hazardous waste and acutely hazardous waste.
10. **RECYCLE** – Check the appropriate box to indicate whether your facility recycles more than 100 kilograms per month of recyclable material under a claim that the material is excluded or exempt per HSC Sec. 25143.2. Check "YES" and complete the Recyclable Materials Report pages, if you either recycled onsite or recycled excluded recyclable materials which were generated offsite. Check "NO" if you only send recyclable materials to an offsite recycler. You do not need to report.
11. **ONSITE HAZARDOUS WASTE TREATMENT** – Check the appropriate box to indicate whether your facility engages in onsite treatment of hazardous waste. "Treatment" means any method, technique, or process which is designed to change the physical, chemical, or biological character or composition of any hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose. "Treatment" does not include the removal of residues from manufacturing process equipment for the purposes of cleaning that equipment. Amendments (effective 1/1/99) add exemptions from the definition of "treatment" for certain processes under specific, limited conditions. Refer to HSC Sec. 25123.5(b) for these specific exemptions. Treatment of certain laboratory hazardous wastes does not require authorization. Refer to HSC Sec. 25200.3.1 for specific information. Please contact your CUPA to determine if any exemptions apply to your facility. If your facility engages in onsite treatment of hazardous waste then complete the Onsite Hazardous Waste Treatment Notification – Facility page and one set of Onsite Hazardous Waste Treatment Notification – Unit pages with waste and treatment process information for each unit.
12. **FINANCIAL ASSURANCE** – Check the appropriate box to indicate whether your facility is subject to financial assurance requirements for closure of an onsite treatment unit. Unless they are exempt, Permit by Rule (PBR) and Conditionally Authorize (CA) operations are required to provide financial assurance for closure costs (per 22 CCR Sec. 67450.13(b) and HSC Sec. 25245.4). If your facility is subject to financial assurance requirements or claiming an exemption, then complete the Certification of Financial Assurance page.
13. **REMOTE WASTE CONSOLIDATION SITE** – Check the appropriate box to indicate whether your facility consolidates hazardous waste generated at a remote site. Answer "YES" if you are a hazardous waste generator that collects hazardous waste initially at remote sites and subsequently transports the hazardous waste to a consolidation site you also operate. You must be eligible pursuant to the conditions in HSC Sec. 25110.10. If your facility consolidates hazardous waste generated at a remote site, complete the Remote Waste Consolidation Site Annual Notification page.
14. **HAZARDOUS WASTE CLOSURE** – Check the appropriate box to indicate whether the tank being closed would be classified as hazardous waste after its contents are removed. Classification could be based on:
 

<ul style="list-style-type: none"> <li>- Your knowledge of the tank and its contents.</li> <li>- Testing of the tank.</li> <li>- Inability to remove hazardous materials stored in the tank.</li> </ul>	<ul style="list-style-type: none"> <li>- The mixture rule.</li> <li>- The listed wastes in 40 CFR 261.31 or 40 CFT 261.32.</li> </ul>
---	---

If the tank being closed would be classified as hazardous waste after its contents are removed, then you must complete the Hazardous Waste Tank Closure Certification page.
15. **LOCAL REQUIREMENTS** – Some CUPAs or AAs may require additional information. Check with your CUPA before submitting the UPCF to determine if any supplemental information is required.
16. **PROPERTY OWNED BY ENTITY OTHER THAN BUSINESS OWNER** – Check if property is owned by entity other than business owner. Requires property owner identification form to be completed



**ATTACHMENT TO THE BUSINESS OWN/OPERATOR  
UNIFIED PROGRAM CONSOLIDATED FORM  
PROPERTY OWNER IDENTIFICATION FORM**

**SITE IDENTIFICATION**

FACILITY ID #	0	1		0	0	9									FILING DATE OF THIS FORM
---------------	---	---	--	---	---	---	--	--	--	--	--	--	--	--	--------------------------

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)	BUSINESS PHONE
--	----------------

BUSINESS SITE ADDRESS
-----------------------

CITY	ZIP CODE
------	----------

--	--

**PROPERTY OWNER**

OWNER NAME (Use Corporate Name, if applicable, and complete Contact Section.)	OWNER PHONE
---	-------------

OWNER MAILING ADDRESS
-----------------------

CITY	STATE	ZIP CODE
------	-------	----------

**PROPERTY OWNER CONTACT (FOR CORPORATIONS)**

CONTACT NAME	CONTACT PHONE
--------------	---------------

CONTACT MAILING ADDRESS
-------------------------

CITY	STATE	ZIP CODE
------	-------	----------

**PROPERTY OWNER EMERGENCY CONTACT**

NAME
------

TITLE
-------

BUSINESS PHONE
----------------

24-HOUR PHONE
---------------

HOME PHONE
------------

Please use this form to report property ownership (and property management contacts, if applicable) for the database. This form need only be completed on the first HMBP submittal, when property ownership or property management changes, or upon special request by this Department.

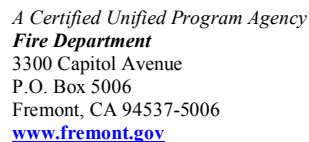
## Hazardous Materials Inventory – Chemical Description

You must complete a separate Hazardous Materials Inventory – Chemical Description page for each hazardous material (hazardous substances and hazardous waste) that you handle at your facility in aggregate quantities equal to or greater than 500 pounds, 55 gallons, 200 cubic feet of gas (calculated at standard temperature and pressure) or the federal threshold planning quantity for Extremely Hazardous Substances, whichever is less. Also complete a page for each radioactive material handled over quantities for which an emergency plan is required to be adopted pursuant to 10 CFR Parts 30, 40, or 70. The completed inventory should reflect all reportable quantities of hazardous materials at your facility, reported **separately** for each building or outside adjacent area, with **separate** pages for unique occurrences of physical state, storage temperature and storage pressure. (**Note:** The numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, and the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or AA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER – This number is assigned by the CUPA or AA. This is the unique number which identifies your facility.
3. BUSINESS NAME – Enter the full legal name of the business.
200. ADD/DELETE/REVISE – Indicate if the material is being added to the inventory, deleted from the inventory, or if the information previously submitted is being revised.  
NOTE: You may choose to leave this blank if you resubmit your entire inventory annually.
201. CHEMICAL LOCATION – Enter the building or outside/adjacent area where the hazardous material is handled. A chemical that is stored at the same pressure and temperature, in multiple locations within a building, can be reported on a single page. NOTE: This information is not subject to public disclosure pursuant to HSC Sec. 25506.
202. CHEMICAL LOCATION CONFIDENTIAL – EPCRA – All businesses which are subject to the Emergency Planning and Community Right to Know Act (EPCRA) must check "Yes" to keep chemical location information confidential. If the business does not wish to keep chemical location information confidential check "No."
203. MAP NUMBER – If a map is included, enter the number of the map on which the location of the hazardous material is shown.
204. GRID NUMBER – If grid coordinates are used, enter the grid coordinates of the map that correspond to the location of the hazardous material. If applicable, multiple grid coordinates can be listed.
205. CHEMICAL NAME – Enter the proper chemical name associated with the Chemical Abstract Service (CAS) number of the hazardous material. This should be the International Union of Pure and applied Chemistry (IUPAC) name found on the Material Safety Data Sheet (MSDS). NOTE: If the chemical is a mixture, do not complete this field; complete the "COMMON NAME" field instead.
206. TRADE SECRET – Check "Yes" if the information in this section is declared a trade secret, or "No" if it is not.  
**State requirement:** If yes, and business is not subject to EPCRA, disclosure of the designated trade secret information is bound by HSC Sec. 25511.  
**Federal requirement:** If yes, and business is subject to EPCRA, disclosure of the designated Trade Secret information is bound by 40 CFR and the business must submit a "Substantiation to Accompany Claims of Trade Secrecy" form (40CFR 350.27) to USEPA.
207. COMMON NAME: Enter the common name or trade name of the hazardous material or mixture containing a hazardous material.
208. EHS – Check "Yes" if the hazardous material is an Extremely Hazardous Substance (EHS), as defined in 40 CFR, Part 355, Appendix A. If the material is a mixture containing an EHS, leave this section blank and complete the section on hazardous components below.
209. CAS # – Enter the Chemical Abstract Service (CAS) number for the hazardous material. For mixtures, enter the CAS number of the mixture if it has been assigned a number distinct from its components. If the mixture has no CAS number, leave this column blank and report the CAS numbers of the individual hazardous components in the appropriate section below.
210. FIRE CODE HAZARD CLASSES – Fire Code Hazard Classes describe to first responders the type and level of hazardous materials which a business handles. This information shall only be provided if the local fire chief deems it necessary and requests the CUPA or AA to collect it. A list of the hazard classes and instructions on how to determine which class a material falls under are included in the appendices of Article 80 of the Uniform Fire Code. If a material has more than one applicable hazard class, include all. Contact CUPA or AA for guidance.
211. HAZARDOUS MATERIAL TYPE – Check the one box that best describes the type of hazardous material; pure, mixture or waste. If waste material, check only that box. If mixture or waste, complete hazardous components section.
212. RADIOACTIVE – Check "Yes" if the hazardous material is radioactive or "No" if it is not.
213. CURIES – If the hazardous material is radioactive, use this area to report the activity in curies. You may use up to nine digits with a floating decimal point to report activity in curies.
214. PHYSICAL STATE – Check the one box that best describes the state in which the hazardous material is handled: solid, liquid or gas.
215. LARGEST CONTAINER – Enter the total capacity of the largest container in which the material is stored.
216. FEDERAL HAZARD CATEGORIES – Check all categories that describe the physical and health hazards associated with the hazardous material.

PHYSICAL HAZARDS	HEALTH HAZARDS
<b>Fire:</b> Flammable Liquids and Solids, Combustible Liquids, Pyrophorics, Oxidizers	<b>Acute Health (Immediate):</b> Highly Toxic, Toxic, Irritants, Sensitizers, Corrosives, other hazardous chemicals with an adverse effect with short term exposure
<b>Reactive:</b> Unstable Reactive, Organic Peroxides, Water Reactive, Radioactive	
<b>Pressure Release:</b> Explosives, Compressed Gases, Blasting Agents	<b>Chronic Health (Delayed):</b> Carcinogens, other hazardous chemicals with an adverse effect with long term exposure

217. AVERAGE DAILY AMOUNT – Calculate the average daily amount of the hazardous material or mixture containing a hazardous material, in each building or adjacent/outside area. Calculations shall be based on the previous year's inventory of material reported on this page. Total all daily amounts and divide by the number of days the chemical will be on site. If this is a material that has not previously been present at this location, the amount shall be the average daily amount you project to be on hand during the course of the year. This amount should be consistent with the units reported in box 221 and should not exceed that of maximum daily amount.
218. MAXIMUM DAILY AMOUNT – Enter the maximum amount of each hazardous material or mixture containing a hazardous material, which is handled in a building or adjacent/outside area at any one time over the course of the year. This amount must contain at a minimum last year's inventory of the material reported on this page, with the reflection of additions, deletions, or revisions projected for the current year. This amount should be consistent with the units reported in box 221.
219. ANNUAL WASTE AMOUNT – If the hazardous material being inventoried is a waste, provide an estimate of the annual amount handled.
220. STATE WASTE CODE – If the hazardous material is a waste, enter the appropriate California 3-digit hazardous waste code as listed on the back of the Uniform Hazardous Waste Manifest.
221. UNITS – Check the unit of measure that is most appropriate for the material being reported on this page: gallons, pounds, cubic feet or tons. NOTE: If the material is a federally defined Extremely Hazardous Substance (EHS), all amounts must be reported in pounds. If material is a mixture containing an EHS, report the units that the material is stored in (gallons, pounds, cubic feet, or tons).
222. DAYS ON SITE – List the total number of days during the year that the material is on site.
223. STORAGE CONTAINER – Check all boxes that describe the type of storage containers in which the hazardous material is stored. NOTE: If appropriate, you may choose more than one.
224. STORAGE PRESSURE – Check the one box that best describes the pressure at which the hazardous materials is stored.
225. STORAGE TEMPERATURE – Check the one box that best describes the temperature at which the hazardous material is stored.
226. HAZARDOUS COMPONENTS 1-5 (% BY WEIGHT) – Enter the percentage weight of the hazardous component in a mixture. If a range of percentages is available, report the highest percentage in that range. (Report for components 2 through 5 in 230, 234, 238, and 242.)
227. HAZARDOUS COMPONENTS 1-5 NAME – When reporting a hazardous material that is a mixture, list up to five chemical names of hazardous components in that mixture by percentage weight (refer to MSDS or, in the case of trade secrets, refer to manufacturer). All hazardous components in the mixture present at greater than 1% by weight in non-carcinogenic, or 0.1% by weight if carcinogenic, should be reported. If more than five hazardous components are present above these percentages, you may attach an additional sheet of paper to capture the required information. When reporting waste mixtures, mineral and chemical composition should be listed. (Report for components 2 through 5 in 231, 235, 239, and 243.)
228. HAZARDOUS COMPONENTS 1-5 EHS – Check "Yes" if the component of the mixture is considered an Extremely Hazardous Substance as defined in 40 CFR, Part 355, or "No" if it is not. (Report for components 2 through 5 in 232, 236, 240, and 244.)
229. HAZARDOUS COMPONENTS 1-5 CAS – List the Chemical Abstract Service (CAS) numbers as related to the hazardous components in the mixture. (Repeat for 2-5.)
246. LOCALLY COLLECTED INFORMATION – This space may be used by the CUPA or AA to collect any additional information necessary to meet the requirements of their individual programs. Contact the CUPA or AA for guidance.



Spread Sheet Version of OES form 2731  
*Fill out separate pages for each storage/use area*

Area Name:

**Column 1 (210 & 212):** Use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR= pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic  
**Column 8 (216):** Use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard  
**Column 14 (223):** AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car  
**Columns 15 & 16 (223 & 224):** A=ambient; G=greater; L=lower

-8-





A Certified Unified Program Agency  
**Fire Department**  
 3300 Capitol Avenue  
 P.O. Box 5006  
 Fremont, CA 94537-5006  
[www.fremont.gov](http://www.fremont.gov)

## Hazardous WASTE

### Inventory Statement

Spread Sheet Version of OES form 2731

*Fill out separate pages for each storage/use area*

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Facility ID# 009-\_\_\_\_\_

Date: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Area Name: \_\_\_\_\_

State Waste Code (210 & 212)	Common Name Or Waste Mixture (207)	Chemical Name or Components % by weight, list up to five (243)	C.A.S. # for each component (244)	EHS? Y or N (228-4)	Pure or Mixture? (211)	Solid, or Liquid? (214)	Federal Haz Cat Use codes below	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs. Or Gal. (221)	Storage Cont. Use Codes below (223)	Annual Waste Throughput Amount (219)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**Column 8 (216):** use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard

**Column 14 (223):** AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car

<i>Waste Code No.</i>	<i>Waste Description</i>	<i>Waste Code No.</i>	<i>Waste Description</i>
	<b>(1) Inorganics:</b>		
121	Alkaline solution ( $\text{pH} \leq 12.5$ ) with metals (antimony, arsenic, barium, beryllium, cadmium, chromium, cobalt, copper, lead, mercury, molybdenum, nickel, selenium, silver, thallium, vanadium, and zinc)	431	Phosphate sludge
122	Alkaline solution without metals ( $\text{pH} > 12.5$ )	441	Sulfur sludge
123	Unspecified alkaline solution	451	Degreasing sludge
131	Aqueous solution ( $2 < \text{pH} < 12.5$ ) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)	461	Paint sludge
132	Aqueous solution with metals (restricted levels and see waste code 121 for a list of metals)	471	Paper sludge/pulp
133	Aqueous solution with 10% or more total organic residues	481	Tetraethyl lead sludge
134	Aqueous solution with less than 10% total organic residues	491	Unspecified sludge waste
135	Unspecified aqueous solution		
141	Off-specification, aged, or surplus inorganics		<b>(4) Miscellaneous:</b>
151	Asbestos-containing waste	511	Empty pesticide containers 30 gallons or more
161	Fluid-cracking catalyst (FCC) waste	512	Other empty containers 30 gallons or more
162	Other spent catalyst	513	Empty containers less than 30 gallons
171	Metal sludge (see 121)	521	Drilling mud
172	Metal dust (see 121) and machining waste	531	Chemical toilet waste
181	Other inorganic solid waste	541	Photochemicals/photoprocessing waste
	<b>(2) Organics:</b>	551	Laboratory waste chemicals
211	Halogenated solvents (chloroform, methyl chloride, perchloroethylene, etc.)	561	Detergent and soap
212	Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)	571	Fly ash, bottom ash, and retort ash
213	Hydrocarbon solvents (benzene, hexane, Stoddard, etc.)	581	Gas scrubber waste
214	Unspecified solvent mixture	591	Baghouse waste
221	Waste oil and mixed oil	611	Contaminated soil from site clean-ups
222	Oil/water separation sludge	612	Household waste
223	Unspecified oil-containing waste	613	Auto shredder waste
231	Pesticide rinse water		
232	Pesticides and other waste associated with pesticide production		<b>(5) California Restricted Wastes:</b>
241	Tank bottom waste	711	Liquids with cyanides $\geq 1000$ mg/l
251	Still bottoms with halogenated organics	721	Liquids with arsenic $\geq 500$ mg/l
252	Other still bottom waste	722	Liquids with cadmium $\geq 100$ mg/l
261	Polychlorinated biphenyls and material containing PCB's	723	Liquids with chromium (VI) $\geq 500$ mg/l
271	Organic monomer waste (includes unreacted resins)	724	Liquids with lead $\geq 500$ mg/l
272	Polymeric resin waste	725	Liquids with mercury $\geq 20$ mg/l
281	Adhesives	726	Liquids with nickel $\geq 134$ mg/l
291	Latex waste	727	Liquids with selenium $\geq 100$ mg/l
311	Pharmaceutical waste	728	Liquids with thallium $\geq 130$ mg/l
321	Sewage sludge	731	Liquids with polychlorinated biphenyls $\geq 50$ mg/l
322	Biological waste other than sewage sludge	741	Liquids halogenated organic compounds $\geq 1000$ mg/l
331	Off-specification, aged, or surplus organics	751	Solids or sludges with halogenated organic compounds $\geq 1000$ mg/kg
341	Organic liquids (nonsolvents) with halogens	791	Liquids with $\text{pH} < 2$
342	Organic liquids with metals (see 121)	792	Liquids with $\text{pH} < 2$ with metals
343	Unspecified organic liquid mixture	801	Waste potentially containing dioxins
351	Organic solids with halogens		(c) List of California Hazardous Waste Codes arranged alphabetically within each numbered category in this subdivision:
352	Other organic solids		
	<b>(3) Sludges:</b>		
411	Alum and gypsum sludge		
421	Lime sludge		

## Waste Codes









These codes are for use in  
Column #1 of the  
"Hazardous Waste Inventory Statement"

## MAPS

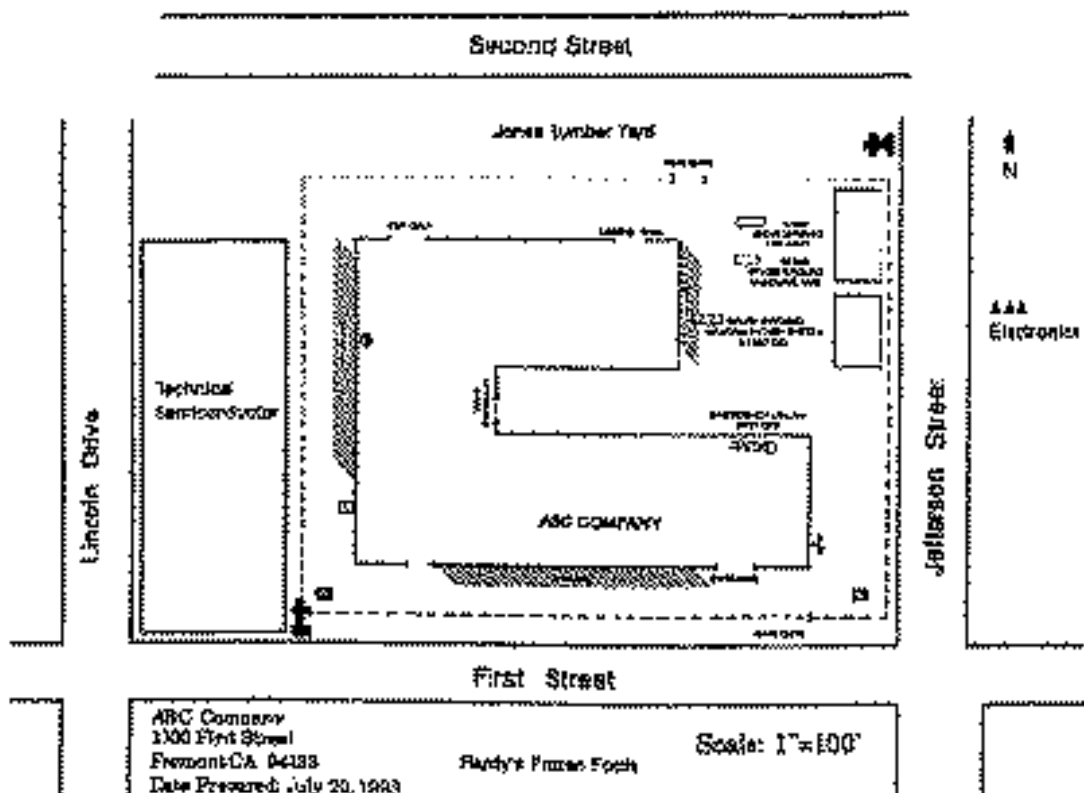
### A. SITE PLAN

*On a separate 8-1/2 x 11 paper, draw a diagram that shows the location of the facility relative to adjacent streets, properties and other buildings.*

*At a minimum, the map should contain the following:*

1. Indicate North direction on the top right hand corner of the page.
2. Indicate appropriate scale.
3. At the bottom of the page, indicate the facility name, address and date that the map was prepared.
4. Show and label the locations of the following structures:
  - a. Buildings and other aboveground structures
  - b. Underground storage tank locations
  - c. Fire Hydrants 
  - Fire protection connections (Post Indicator Valves) 
  - d. Storm  and Sewer  drains
  - e. Parking lots
  - f. Internal roads
  - g. Secondary containment areas outside any building
  - h. Loading areas
  - i. Gas, Electric and water shut off valves   
  - j. Fences and Gates
  - k. Knox box 






### “EXAMPLE”



## MAPS

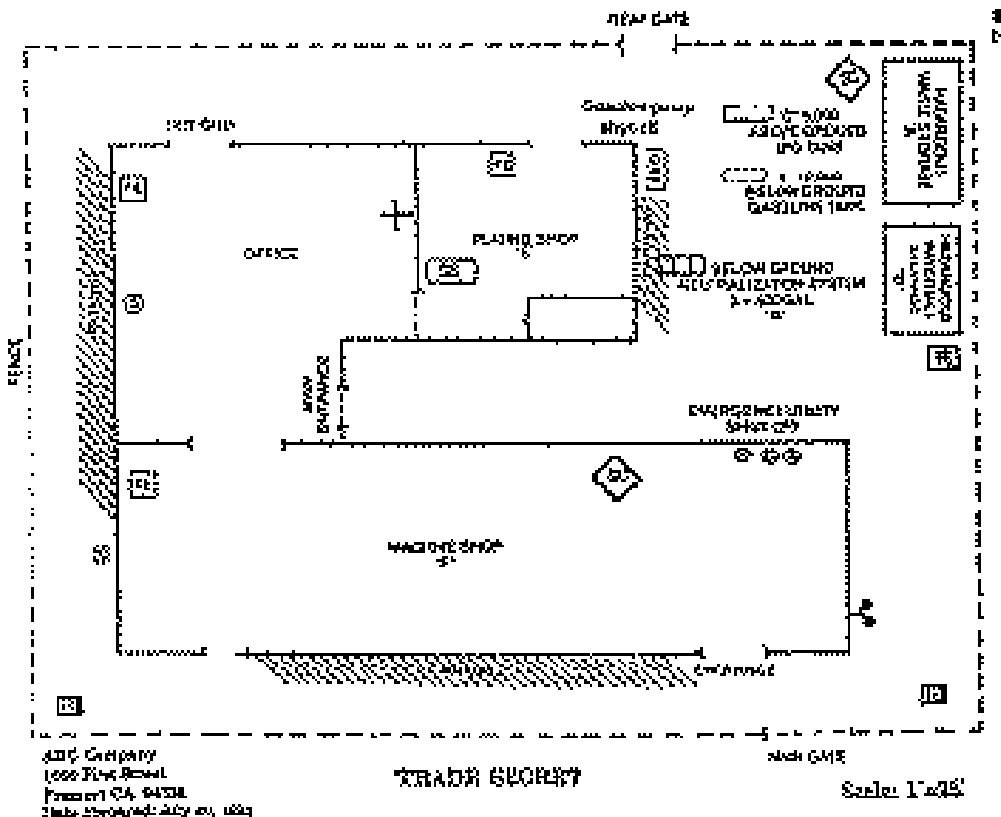
### B. FACILITY STORAGE MAP

On a separate 8-1/2 x 11 paper, draw a diagram that shows the hazardous materials storage areas inside and outside the buildings. If the facility is small, one map could be used for both the site map and facility storage map.

1. Designate each hazardous materials storage/use location with a letter of the alphabet starting with A, B and C, etc. This will tie your chemicals on the Hazardous Materials Inventory Statement to its location on the map.
2. Location of emergency response equipment. For example, fire extinguishers , spill control equipment , safety showers , medical kits , Emergency Shut-off switches  (indicate type, i.e., for underground tank pump, toxic gas shutoff, ventilation).
3. Indicate North direction on the top right hand corner of the page.
4. Indicate approximate scale.
5. At the bottom of the page, indicate the facility name, address and date that the map was prepared.

Write "TRADE SECRET" somewhere on each map that shows locations of hazardous materials. Facility maps showing locations of hazardous materials are considered Trade Secret under Chapter 6.95 of the State of California Health and Safety Code.

### "EXAMPLE"



## EMERGENCY RESPONSE PLAN

	<b>Instructions</b>
<p>1. Emergency Coordinator:</p> <p>Name: _____</p> <p>Telephone No.: _____ (Business Hours)</p> <p>Telephone No.: _____ (After Business Hours)</p> <p>Alternate:</p> <p>Name: _____</p> <p>Telephone No.: _____ (Business Hours)</p> <p>Telephone No.: _____ (After Business Hours)</p>	<p>1. List the names and telephone numbers of at least two individuals to notify in case of emergency involving hazardous materials at this facility.</p> <p><i>These persons should be knowledgeable about the hazardous materials stored/used at the facility and have authority to make management decisions concerning clean up expenditures.</i></p>
<p>2. Do you have a written emergency response plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. If you do not, you can use the following as your plan. If you have a written plan, it should include the following:</p>
<p>3. Notification:</p> <p>a) Priority contact: Fire/Police/Ambulance – <b>911</b></p> <p>b) CA State Office of Emergency Services – <b>1-800-852-7550</b></p> <p>c) Other Agencies, Spill Response Companies and Phone Numbers: BAAQMD – <b>415-771-6000</b> Union Sanitary District – <b>510-790-0100</b> CUPA – <b>510-494-4285</b> National Response Center – <b>1-800-424-8802</b></p> <p>d) Nearest Medical Facility Name, Address and Phone No. _____ _____ _____</p>	<p>3. Priority Numbers -</p> <p>a) Police/Fire (911) for any kind of an emergency.</p> <p>b) Spill Number – If you have a release or threatened release of hazardous materials which may impact human health or the environment, you are also required to notify the CA State Office of Emergency Services.</p> <p>c) Other Numbers – Identify other Agency numbers (i.e., Fish and Game, Waste water treatment plant, Regional Water Board) and also spill response company numbers that can be contacted in case of an emergency.</p> <p>d) Nearest Medical Facility – Identify the name, address and phone number of nearest medical facility.</p>
<p>4. Areas/equipment identified to be inspected immediately after an earthquake:</p> <p>_____ _____ _____</p>	<p>4. Identify the areas and/or mechanical equipment or other systems that could require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.</p>
<p>5. Evacuation:</p> <p>e) Describe local alarm system for evacuation:</p> <p>_____ Verbal (i.e., shouting)</p> <p>_____ Horns</p> <p>_____ Alarms</p> <p>_____ Other</p> <p>f) Outside Assembly Area designated:</p> <p>_____</p> <p>g) Evacuation route maps posted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>h) Reentry procedures defined:</p> <p>_____ _____</p>	<p>5. Evacuation:</p> <p>a) Describe local alarm or notification system for evacuation (i.e., P.A. system, horn, alarm, shouting.</p> <p>b) Designate an upwind area as an evacuation assembly area.</p> <p>c) Evacuation route maps should be posted in conspicuous areas in facility.</p> <p>d) Describe how it will be decided when to reenter the building. Who will take a head count? Who will ensure all operations are back to normal? Who is responsible?</p>

## EMERGENCY RESPONSE/CONTINGENCY PLAN EQUIPMENT LISTING

Equipment Category	Equipment: ✓ if these are provided	Location	Description: Specify type and quantity
<b>Personal Protective Equipment Safety Equipment First Aid Equipment</b>	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Safety Glasses/Goggles/Face Shields		
	<input type="checkbox"/> Chemical Protective Clothing		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> First Aid Kits		
	<input type="checkbox"/> Eye Wash Stations		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> SCBA Units		
	<input type="checkbox"/> Other (describe)		
<b>Fire Extinguishing Systems</b>	<input type="checkbox"/> Fire Extinguishers		
	<input type="checkbox"/> Fire Hose		
	<input type="checkbox"/> Foam with Nozzles/Hose		
<b>Spill Control Equipment, Decontamination Equipment</b>	<input type="checkbox"/> Absorbents, Neutralizers		
	<input type="checkbox"/> Shovels/Brooms/Squeegees		
	<input type="checkbox"/> Overpack Drum/Spill Drum		
	<input type="checkbox"/> Absorbent Booms/Pillows/Pads		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Other (describe)		
<b>Communications and Alarm Systems</b>	<input type="checkbox"/> Telephones		
	<input type="checkbox"/> Intercoms/PA Systems		
	<input type="checkbox"/> Portable 2 Way Radios		
	<input type="checkbox"/> Pull Station Alarms		
	<input type="checkbox"/> Automatic Alarms		
<b>Check if additional pages are attached ( )</b>	<input type="checkbox"/>		



A Certified Unified Program Agency

**Fire Department**

3300 Capitol Avenue, P.O. Box 5006, Fremont, CA 94537-5006

510 494-4200 *ph* - 510 494-4250 *fax* - [www.fremont.gov](http://www.fremont.gov)

## EMPLOYEE TRAINING PLAN

All facilities which handle hazardous materials must maintain records associated with their management and describe that recordkeeping as part of this plan. The form below is provided to document records which are kept at the facility.

Check all boxes which apply. **Note:** Items marked with an asterisk (\*) are required.

1. **Personnel** are trained in the following procedures:

<input type="checkbox"/> Internal alarm/notification*
<input type="checkbox"/> Evacuation/reentry procedures and assembly point locations*
<input type="checkbox"/> Emergency incident reporting
<input type="checkbox"/> External emergency response organization notification
<input type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/> Facility evacuation drills, which are conducted at least ( <i>specify</i> ) _____ yearly ( <i>e.g., Quarterly</i> ", etc.)

2. **Chemical Handlers** are additionally trained in the following:

<input type="checkbox"/> Safe methods for handling and storage of hazardous materials*
<input type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/> Spill procedures/emergency procedures
<input type="checkbox"/> Proper use of personal protective equipment*
<input type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure ( <i>i.e., inhalation, ingestion, absorption</i> )*
<input type="checkbox"/> <b>Hazardous Waste Handlers/Managers</b> are trained in all aspects of hazardous waste management specific to their job duties ( <i>e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.</i> )*

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input type="checkbox"/> Personnel rescue procedures
<input type="checkbox"/> Shutdown of operations
<input type="checkbox"/> Liaison with responding agencies
<input type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/> Refresher training, which is provided at least annually*
<input type="checkbox"/> Emergency response drills, which are conducted at least ( <i>specify</i> ) _____ yearly ( <i>e.g., Quarterly</i> ", etc.)

## RECORDKEEPING

All facilities which handle hazardous materials must maintain records associated with their management and describe that recordkeeping as part of this plan. The form below is provided to document records which are kept at the facility.

Check all boxes which apply. **Note:** Items marked with an asterisk (\*) are required.

<input type="checkbox"/> Current employees' training records ( <i>to be retained until closure of the facility</i> )*
<input type="checkbox"/> Former employees' training records ( <i>to be retained at least three years after termination of employment</i> )*
<input type="checkbox"/> Training Program(s) ( <i>i.e., written description of introductory and continuing training</i> )*
<input type="checkbox"/> Current copy of this Emergency Response/Contingency Plan*
<input type="checkbox"/> Record of recordable/reportable hazardous material/waste releases*
<input type="checkbox"/> Record of hazardous material/waste storage area inspections*
<input type="checkbox"/> Record of hazardous waste tank daily inspections*
<input type="checkbox"/> Description and documentation of facility emergency response drills

**Note:** The above list of records does not necessarily identify every type of record required to be maintained by the facility.

## FACILITY INSPECTION LOGS

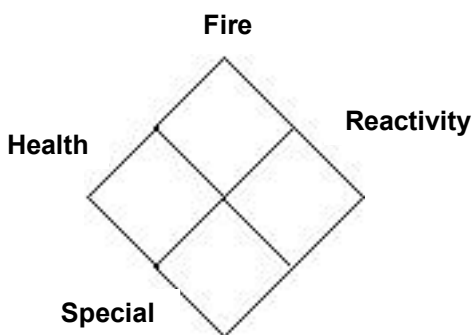
Check the appropriate box:

<input type="checkbox"/> We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections. ( <i>A blank copy of each document used must be attached to this HMBP.</i> )

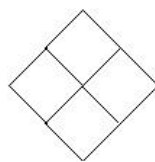
## PLACARDING AND LABELING

The outside of the facility and any areas where a significant chemical hazard is present must be placarded per the NFPA 704(m) Standard. This is a numerical coding for health, fire, reactivity and special hazards. The Facility Placard, representing the aggregate of hazards present at the facility must be posted at entrances or where it will be seen by arriving emergency responders. **A Guidance Document on NFPA placards is available from the Fremont Fire Department.**

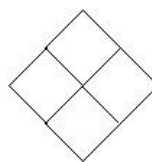
### Facility Placard:



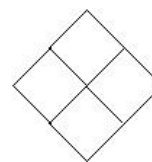
**Subdivision Placards:** If required, show placarding for other storage areas. Use additional pages if needed.



Area \_\_\_\_\_



Area \_\_\_\_\_



Area \_\_\_\_\_

**Labeling:** Labeling is required on all drums, containers and equipment used in conjunction with hazardous materials or waste. Check the kinds of equipment present in this facility and verify that proper labels are in place.

\_\_\_\_ Tanks    \_\_\_\_ Containers    \_\_\_\_ Process Equipment    \_\_\_\_ Piping    \_\_\_\_ Empties    \_\_\_\_ Control Valves

## Material Safety Data Sheets

Material Safety Data Sheets may be obtained from product suppliers. A MSDS for every reported material at the facility must be kept on site at all times. In the space below, describe a location in the facility where Material Safety Data Sheets are located.

**Location of the MSDS File, folder or binder:** \_\_\_\_\_

## Facility Closure

A closure plan must be submitted to the Fremont Fire Department AT LEAST 30 DAYS PRIOR to the termination of the storage or use of hazardous materials. Check the items that will be addressed in the Closure Plan. Sign and date below to acknowledge that a copy of this form will be sent to the property owner or property manager if property is not owned by the facility.

### The closure plan will include:

- \_\_\_\_ Agencies that will be contacted.
- \_\_\_\_ Sampling and analysis activities.
- \_\_\_\_ Equipment and facility decontamination procedures.
- \_\_\_\_ Disposition of all hazardous materials and waste.
- \_\_\_\_ Intent to include copies of all Hazardous Waste Manifests, Bills of Sale and/or documentation.
- \_\_\_\_ Intent to arrange a follow-up inspection.
- \_\_\_\_ Intent to file a Post-Closure report within 30 days of completion of closure activities.

**Sign here:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_





**Fire Department**  
 3300 Capitol Ave., P.O. Box 5006, Fremont, CA 94537-5006  
 510 494-4200 *ph* - 510 494-4250 *fax* - [www.fremont.gov](http://www.fremont.gov)

Business Name: \_\_\_\_\_  
 Inspection Area: \_\_\_\_\_  
 Inspector: \_\_\_\_\_  
 Date: \_\_\_\_\_

Hazardous Waste Storage (weekly)	Week 1		Week 2		Week 3		Week 4		Comments
	Yes	No	Yes	No	Yes	No	Yes	No	
1. Are all drums and or containers marked with a hazardous waste label?									
2. Is the generator name, address, and EPA ID# on the label?									
3. Are all drums and or containers marked with the accumulation start date?									
4. Are there any drums/containers that are near or have exceeded the day time frame? _____									
5. Are all drums and or containers closed?									
6. Are all drums/containers labels visible and readable on the appropriate drum/container?									
7. Are all drums and/or containers in good condition?									
8. All secondary containment clean and free of spills, leaks, and/or standing water?									
9. Manifests in order and maintained for last three (3) years.									
10.									
Safety Equipment (monthly)	Yes	No	Comments						
1. Are fire extinguishers current?									
2. Are spill kits stocked?									
3. Is the first aid cabinet stocked?									
4. Is personnel protective equipment stocked?									
5. Are MSDS's complete and in place									
Hazardous Materials (monthly)	Yes	No	Comments						
1. Are all hazardous material containers labeled?									
2. Are all flammable liquids/solids in appropriate storage?									
3. Are all rag containers closed?									
4. All compressed gas cylinders secured?									
5. Are all bulk liquids in secondary containment and the containment free of liquid?									
6. Is the Hazardous Materials Management Plan current?									
7.									

Hazardous Waste Generator Type: \_\_\_\_\_

Max Accumulation Time: \_\_\_\_\_ (Days)